## South Carolina Department of Social Services Child Care Regulatory Services

## **CONSENT TO RELEASE INFORMATION**

This serves as my consent to authorize the South Carolina Department of Social Services Office of Child Care Regulatory Services to conduct a search of the Central Registry of Child Abuse and Neglect and the Sex Offender Registry on myself. I understand that the information may prove unfavorable to me. I agree to hold any source of information, SC DSS and its staff harmless from liability associated with the release of information I have requested using this form. I understand that information provided on this form will be released to the individual/organization listed below. This consent is effective for a search of the Central Registry for the purpose of working in any child care facility in the State. If it appears to me that the information in the Registry has not been updated or is inaccurate, I will notify the Department immediately.

| Name of Child Care Facility:  |   |                       |                           |                                     |
|---|---|-----------------------|---------------------------|-------------------------------------|
| Name of Director/Operator:  |   |                       |                           |                                     |
| Facility Address:   |   |                       |                           |                                     |
| City:   | State:                                      | Zip:                  | County:                   |                                     |
| Mailing Address: (If different from phy   | rsical address)                             |                       | ·                         |                                     |
| City:   | State:                                      | Zip:                  | County:                   |                                     |
| Check One: ☐ NEW Staff Memb   | er 🗆 RENEWAL                                | -                     |                           |                                     |
| Please Print or Type: (Complete   | spelling of entire                          | e name required;      | no initials.)             |                                     |
| Name:Last   |   |                       |                           | Sex:                                |
|   |   |                       |                           |                                     |
| Maiden/Former Name:   |   |                       | Race:                     | SSN:                                |
| Current Address:  |   |                       |                           |                                     |
| Previous Address:   |   |                       |                           |                                     |
|   |   |                       |                           |                                     |
|   | Signature of A                              | onlicant              |                           | Date                                |
| Oignature of Applicant  |   |                       |                           | Bailo                               |
| Witnessed by the Director/Operator  |   |                       |                           | Date                                |
| Columbia, SC, 29204) Sending t<br>be employed in a child care faci<br>Results   | lity.<br>s of Search of the                 | Central Registry      | of Child Abuse and Ne     |                                     |
|   | (This section to be                         | completed by authoriz | zed DSS employee only.)   |                                     |
| $\hfill\Box$<br>The name is not listed as a per   | petrator in the Ch                          | ild Abuse and Neg     | lect Central Registry.    |                                     |
| ☐ The name is listed as a perpetr<br>as a perpetrator prohibits an in-<br>or being employed, operating of<br>individual's capacity to adopt a | dividual from being<br>or volunteering in a | g a licensed föster   | parent or operating or wo | orking in a child day care facility |
| $\square$ Your request has been received  |   |                       |                           | quiry.                              |
| ☐ Other – See attached correspon  | ndence for addition                         | nal information.      |                           |                                     |
| Central Registry Check Completed  | d by:                                       | Authorizad DOG        | ) Farely as               |                                     |
|   |   | Authorized DSS        | ь Етрюуее                 | Date                                |
|   | Results of Se                               | earch of the Sex (    | Offender Registry         |                                     |
| ☐ Name not found in the Sex Offe  | ender Registry.                             |                       |                           |                                     |
| $\square$ Name found in the Sex Offende   | er Registry.                                |                       |                           |                                     |
| ☐ Written notification sent to Direct   | ctor/Operator.                              |                       |                           |                                     |
| Sexual Offender Registry Check C  | Completed by:                               |                       |                           |                                     |
| Take a serious region y officer c   |   | Authorized            | DSS Employee              | Date                                |